

Do Not Complete and Mail This Form Unless An Address Change Is Desired

AUTHORIZATION TO RECEIVE CERTIFICATION INFORMATION THROUGH YOUR EMPLOYER'S ADDRESS

VIRGINIA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
OFFICE OF PESTICIDE SERVICES
P. O. BOX 1163
RICHMOND, VA 23218

NOTICE TO THE APPLICATOR:

Your Virginia Commercial Pesticide Applicator certificate or Registered Technician certificate is issued to **YOU** by the VDACS' Office of Pesticide Services (OPS), and it is **YOUR** responsibility to maintain it, regardless of your employer. By notifying OPS you may transfer your certificate from one employer or location to another. The Office of Pesticide Services will contact you **by mail** two to three times a year (status report, renewal notice, new certificate) to enable you to maintain your certificate. It is important for you to keep us informed of any change in your mailing address.

AUTHORIZATION STATEMENT:

I understand that it is my responsibility to maintain my certificate, and I wish to receive all mailings from the Office of Pesticide Services at my employer's address below.

Social Security No.: _____ - _____ - _____ Certificate No. _____

Name of Applicator: _____

Employer (Business) Name: _____

Mailing Address: _____

VA Pesticide Business License # (if applicable): _____

Business Telephone #: (_____) _____ - _____
Area Code

Signature of Applicator: _____
(required)

HOME ADDRESS:

In order to keep your files current, the Office of Pesticide Services also keeps a record of your current home address. This is used to contact you if you cannot be reached through your employer. Please provide the information below:

Street/RFD: _____

City: _____ State: _____ ZIP: _____

Home Telephone #: (_____) _____ - _____
Area Code

Please mail this form to the address above, or FAX to (804) 786-9149
Questions? Call (804) 786-3798